CLAIMS ONLY

Application Number	10659866	**Filing Date**
Applicant(s)		

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			•		•		•	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1							51						
2	cancel						52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9	cancel						59						
10							60						
11	cancel						61						
12	cancel						62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19	cancel						69						
20							70						
21							71						
22							72						
23							73						
24							74						
25	cancel						75						
26							76						
27							77						
28							78						
29	cancel						79						
30							80						
31							81						
32	cancel						82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	8						Total Indep						
Total Depend	10						Total Depend						
Total Claims	20						Total Claims						